

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
69774646

FILING DATE
02-06-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
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48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	17	↓	↓	↓		
TOTAL CLAIMS	20					

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APPLICANT(S)			
IND.			
DEP.			
CLAIMS			